

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		<i>1-09-02</i>
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓	.....	Rejected	N	.....	Non-elected
≡	.....	Allowed	I	.....	Interference
—	(Through numeral)...	Canceled	A	.....	Appeal
+	.....	Restricted	O	.....	Objected

**BEST AVAILABLE COPY**

Chain	Final	Original	Date
	0	✓	11/29/03
	2	✓	5/19/03
		✓	
	5	✓	0
		✓	
	7	✓	✓
		✓	
		✓	
		✓	
	12	✓	✓
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		✓	
	16	✓	✓
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	18	✓	✓
	19	✓	✓
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Claim	Date
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Claim		Date
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**If more than 150 claims or 10 actions  
staple additional sheet here**

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